

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, November 10, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Directors Wayne M. Lerner, DPH, LFACHE and Erica E. Marsh, MD, MSCI (3)

Board Chairman M. Hill Hammock (ex-officio), Patrick T. Driscoll, Jr. (non-Director Member) and Directors Hon. Jerry Butler and Emilie N. Junge

Absent: None (0)

Additional attendees and/or presenters were:

Krishna Das, MD – System Chief Quality Officer
Douglas Elwell – Deputy CEO of Finance and Strategy
Claudia Fegan, MD - Executive Medical
Director/Medical Director-Stroger

Jeffrey McCutchan – Associate General Counsel
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer

II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates (Attachment #1)

Dr. Krishna Das, Chief Quality Officer, provided an overview of the presentation regarding the Regulatory Update. The Committee reviewed and discussed the information.

During the discussion of the information on Slide 5, regarding correction plans, Director Lerner noted that those listed are predominantly structural initiatives; the Board would be interested in learning more about the process or execution initiatives associated with the correction plans. Board Chairman Hammock inquired further regarding those responsible for the corrections and how the correction process is managed. Dr. Das stated that the leaders in each area are ultimately responsible for the correction. There is a group of people overseeing the whole process, but the actual correction itself is being devised by the leaders; in addition, input from the front-line staff in each of these areas is included. She added that The Joint Commission requires that the name of the person who is ultimately responsible for each correction be provided when the corrections are submitted.

III. Report from Chief Quality Officer (continued)

B. Metrics (Attachment #2)

Dr. Das reviewed the presentation on Metrics. The Committee discussed the information.

With regard to the subject of the metrics planned for next year, Director Lerner recommended that the metrics relating to Operating Room efficiency remain as a part of the Committee's monthly review.

In response to a question regarding whether the data lag can be reduced to thirty (30) days, Dr. Das stated that, currently, the data lag is approximately forty-five (45) days; the discharge data with the billing codes comes in at the thirty (30) day point, so it may be a bit challenging to reduce it. She added that she will look into the matter to see if the lag can be reduced.

IV. Action Items

A. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

i. Receive reports from EMS Presidents

ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #3)

Dr. Anwer Hussain, President of the EMS of Provident Hospital of Cook County, and Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, were unable to attend the meeting due to schedule conflicts.

Action on the items included under Item IV(A)ii took place following the adjournment of the closed meeting.

Director Lerner, seconded by Director Marsh, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Quality and Patient Safety Committee Meeting, September 22, 2015

Director Lerner, seconded by Director Marsh, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of September 22, 2015. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Special Meeting, October 20, 2015

Director Lerner, seconded by Chairman Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Special Meeting of October 20, 2015. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

A. Medical Staff Appointments/Re-appointments/Changes

B. Litigation Matter(s)

Director Lerner, seconded by Director Marsh, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Gugenheim and Directors Lerner and Marsh (3)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into a closed meeting.

Chairman Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

Action was taken on the Medical Staff Appointments/Reappointments/Changes under Item IV(A)ii following the adjournment of the closed meeting.

VI. Adjourn

As the agenda was exhausted, Chairman Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
November 10, 2015

ATTACHMENT #1



COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors
Quality and Patient Safety Committee
Regulatory Update

10 November 2015

Krishna Das, MD, Chief Quality Officer



Correctional Health

Cermak

- Site visit with Department of Justice monitors

Juvenile Temporary Detention Center

- Planned resurvey by National Commission on Correctional Health Care



Stroger Joint Commission Survey

- October 13- October 16; 4 surveyors + observers
- Process:
 - Tracers— arrive in clinical areas and request to review a specific patient; may trace 'backwards' historically
 - Visited – Peds/OB, OR and SPD, Trauma Unit, ICUs, procedural areas, Oak Forest, CORE
 - Document Review – EOC/ Life Safety, Infection Control
 - Conferences – Emergency Management, Data/Performance Improvement, Medical Staff/Credentialing, Leadership
- Positive comments –EOC documents perfect, OPPE/FPPE program is a model, physician involvement is positive, certain areas were outstanding, eg, dialysis unit, procedures in GI Endo, ED



Summary of Findings

Type	Significance
Condition of Participation	Requires immediate correction. Unannounced follow up survey to occur at any time within 45 days of initial survey (due: Now through 11/30/2015)
Direct Impact	Requires an ESC* in 45 days (due: 12/11/2015)
Indirect Impact	Requires an ESC in 60 days (due: 12/26/2015)
Opportunity for Improvement	Single items for institutional feedback; no impact on accreditation

*ESC = Evidence of Standards Compliance, a submission to the Joint Commission



Conditions of Participation

Specifics	Correction Plan
Air pressure and ventilation in OR and procedural areas	Correct air pressure differentials (complete 10/16/2015) Reinforce monitoring and oversight (ongoing)
Placement and maintenance of air scrubbing machine during construction	Complete voluntary re-sterilization of sterile supplies (complete 10/19/2015) Resolve ventilation issues (ongoing)
Policy and procedure on specific instruments Logs for specific instruments Policies and procedures for a new sterilizer incomplete	Write policies (in process) Complete documentation of staff competencies (in process) Monitor log entries for all logs (in process)
Automatic finding in the governing body standards due to above findings	Correct CoP findings (ongoing)



Direct Impact Findings

Finding	Correction Plan
Repair process – biomedical equipment	Develop policy (complete)
Document staff competency on hire	Develop policy (in process)
Medication logs/medication storage	Reinforce policy, implement oversight (ongoing)
Expiration dates on meds/ solutions	Review and reinforce policy (ongoing)
PICU sedation assessment	Develop EMR assessment (complete) training (in process)
PRN pain meds with order details	Develop EMR required fields (in process)
Label all meds on operative fields	Review and reinforce policy (ongoing)
Nursing care plans to include all problems	Re-train , emphasize current process (ongoing)
Crash cart monitoring	Implement crash cart exchange (initiated)
Restraint order renewal	Reinforce process and monitor (ongoing)

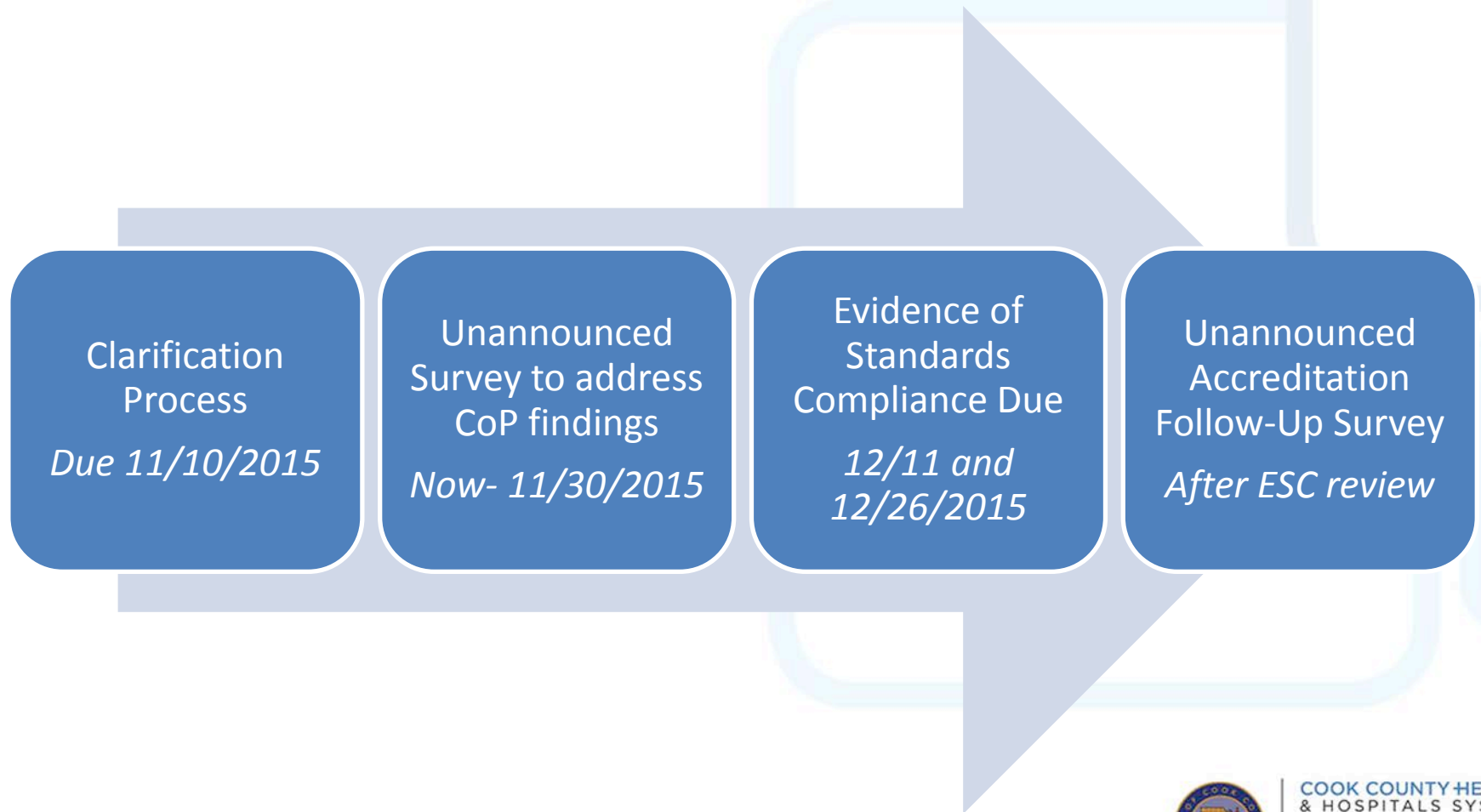


Indirect Impact Findings

Finding	Correction Plan
Policy management	Catalog and rewrite policies (in process)
Eyewash station check logs	Monitor logs (ongoing)
Titrated meds need specific orders in EMR	Revise EMR (complete) training (in process)
Time out to include all team members	Revise and reinforce policy (in process)
PHI on computer in storage room	Review policy, monitoring (complete)
Environmental issues	Increase intensity of rounds (ongoing)
Scope of outpatient history & physical	Rewrite policy (complete) train (ongoing)
Dates and times on paper documents	Monitor compliance (ongoing)
Quality control checks in CT scan	Reinforce existing process (complete)
Primary source license verification (after license renewal)	Review existing process (ongoing)



Post Survey Process



Overall Plan of Correction

- **Submit** clarifications (10 business days; due 11/10/2015)
- **Prepare** for follow-up survey related to CoP findings (Due: Now through 11/30/2015)
- **Daily meetings** to establish work plan and progress – attendance is mandatory
- **Detailed rounding** lists for all areas with immediate correction of findings
- **Final ESC submissions** to TJC (due 12/11/2015 and 12/26/2015)
- **Prepare for follow-up survey** related to ESC submissions (expect Jan 2016 or later)



Organizational Response

- Karen Duncan, MD – overall Stroger response
- Krishna Das, MD – regulatory content expertise, deployment of QPS staff
- CCHHS Oversight Teams identified for specific findings
- External expertise provided by Compass Clinical Consulting concerning formal response and organizational readiness
- Daily huddles with CCHHS Oversight Team to communicate action steps
- Communication of expectations and readiness plan:
 - Leadership from clinical and support services
 - Medical Staff



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
November 10, 2015

ATTACHMENT #2



COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

10 November 2015

Krishna Das, MD, Chief Quality Officer



Page 17 of 31

Quality – Stroger

CCHHS QPS Committee Dashboard

Data as of 10/15/2015	CY 2014					CY 2015									TARGET	VARIANCE *	
PERFORMANCE MEASURES	Q3 2014		Q4 2014			Q1 2015			Q2 2015			2015					
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug				
Stroger																	
Core Measures																	
Venous Thromboembolism (VTE) Prevention Only (%)	82	100	91	87	87	86	89	82	90	94	92	95	91	99	-8%		
Venous Thromboembolism (VTE) Prevention & Treatment (%)	84	88	87	83	84	79	92	79	86	91	86	84	91	99	-8%		
Care for Stroke Patients (%)	97	96	97	93	91	96	93	92	87	91	91	94	91	100	-9%		
Influenza and Pneumococcal Vaccination (%)	53	62	74	68	68	66	67	64	36	48	26	38	54	90	-36%		
Efficiency - Operating Room																	
Surgery Begins at Scheduled Time (%)	41	32	35	45	35	30	47	62	56	52	50*	52*	60*	80	-20%		
OR Room Turn Around Time (minutes)	48	54	57	54	50	51	45	45	43	45	45*	43*	42*	30	-40%		

LEGEND

- * Data represents automated collection
- * Variance is target to recent month



Quality – Provident

CCHHS QPS Committee Dashboard

Data as of 10/15/2015

PERFORMANCE MEASURES

CY 2014

Q3 2014

Aug
Sept
Oct

Q4 2014

Nov
Dec

CY 2015

Q1 2015

Jan
Feb
Mar

Q2 2015

Apr
May
June

2015

July
Aug

TARGET

VARIANCE *

Provident

Core Measures

Venous Thromboembolism (VTE) Prevention Only (%)	89	94	75	93	94	93	100	100	94	94	100	100	94	99	-5%
Venous Thromboembolism (VTE) Prevention & Treatment (%)	95	95	86	100	82	94	100	100	95	91	100	100	93	99	-6%
Influenza and Pneumococcal Vaccinations (%)	77	62	78	71	89	93	79	95	93	97	95	91	97	90	7%

LEGEND

* Data represents automated collection

* Variance is target to recent month



Safety – Stroger

CCHHS QPS Committee Dashboard

Data as of 10/15/2015	CY 2014					CY 2015								TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2014		Q4 2014			Q1 2015			Q2 2015			2015			
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug		
Safety															
HAC: Pressure Ulcer Stages III & IV ¹	0	2	2	4	4	1	2	1	2	6	7	1	7		
HAC: Falls with Injury ²	1	0	0	0	0	1	0	0	3	3	2	1	1		
HAI: CLABSI ³	1	1	1	0	0	3	3	0	4	3	0	0	0		
HAI: CAUTI ⁴	2	3	3	1	0	0	1	0	1	0	2	6	0		

LEGEND

CLABSI: Central line-associated blood stream infections

CAUTI: Catheter-associated urinary tract infections

*Variance is target to recent full quarter



Patient Experience – Stroger

CCHHS QPS Committee Dashboard

Data as of 10/15/2015

PERFORMANCE MEASURES

CY 2014

Q3 2014

Q4 2014

CY 2015

Q1 2015

Q2 2015

2015

TARGET

VARIANCE *

Aug

Sept

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Patient Experience

Willing to Recommend Hosp (% top box)

69

66

66

67

66

70

70

71

66

65

67

68

69

85

-16%

Communication with Doctors (% top box)

84

83

85

81

81

81

85

84

82

81

82

84

81

88

-7%

Communication with Nurses (% top box)

70

70

70

68

70

70

72

71

69

69

72

73

73

86

-13%

Cleanliness (% top box)

52

49

55

51

52

48

51

51

49

49

50

51

58

77

-19%



Patient Experience – Provident

CCHHS QPS Committee Dashboard																
Data as of 10/15/2015		CY 2014					CY 2015								TARGET	VARIANCE *
PERFORMANCE MEASURES		Q3 2014		Q4 2014			Q1 2015			Q2 2015			2015			
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug		
Patient Experience																
Willing to Recommend Hosp (% top box)		59	84	63	68	74	66	69	67	66	68	71	62	64	85	-21%
Communication with Doctors (% top box)		85	72	85	84	80	78	80	81	86	86	86	85	83	88	-5%
Communication with Nurses (% top box)		85	75	87	81	80	74	79	78	78	85	85	86	91	86	5%
Cleanliness (% top box)		52	53	57	51	56	61	65	67	74	66	58	47	81	77	4%



ACHN

CCHHS QPS Committee Dashboard																
Data as of 10/15/2015	CY 2014					CY 2015									TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2014		Q4 2014			Q1 2015			Q2 2015			2015				
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug			
ACHN																
Diabetes Control % with Hgb A1C < 9%	77		78			74	73	73	73	74	74	77	76	78	-2%	
Immunizations: Up to date in children at 24 months (%)	57		68			60	49	58	81	66	74	82	81	86	-5%	
Patient Experience: Moving Through Visit	68		67			65	68	67	68	59	61	59	59	75	-16%	
Patient Experience: Telephone Access	63		62			70	53	64	64	57	61	60	60	75	-15%	



Board Quality Dashboard

CCHHS QPS Committee Dashboard				CCHHS Board Metrics - Quality							
Data as of 10/15/2015										TARGET	VARIANCE*
PERFORMANCE MEASURES				CY 2014		CY 2015					
				3Q14	4Q14	1Q15	2Q15	3Q15			
								July	Aug		
Stroger											
Core Measures				Monthly Composite							
Venous Thromboembolism (VTE) Prevention Only (%)				92	87	86	92	95	91	99%	-7%
Venous Thromboembolism (VTE) Prevention & Treatment (%)				88	85	83	86	84	91	99%	-13%
Efficiency - Operating Room				Monthly %							
Surgery Begins at the Scheduled Time (%)				37	38	46	50*	52	60	80%	-30%
Safety				Total # of Events							
Events: Ulcers, Falls, CLABSI and CAUTI				15	15	12	33	8	8		
Patient Experience											
Willing to Recommend Hosp (% top box)				68	66	70	66	68	69	85%	-19%
Provident											
Core Measures											
Venous Thromboembolism (VTE) Prevention Only (%)				89	87	98	94	100	94	99%	-5%
Venous Thromboembolism (VTE) Prevention & Treatment (%)				92	89	98	95	100	93	99%	-4%
Efficiency - Operating Room				Monthly %							
Surgery Begins at the Scheduled Time (%)				37	38	16	65	80	89	80%	-15%
Patient Experience											
Willing to Recommend Hosp (% top box)				66	68	67	68	62	64	85%	-17%
ACHN											
Diabetes Control % with Hgb A1C < 9%				77	78	73	74	77	76	78%	-4%
Patient Experience: Moving Through Visit				68	67	67	63	59	59	75%	-12%
Patient Experience: Telephone Access				63	62	62	61	60	60	75%	-14%

LEGEND

CLABSI: Central line-associated blood stream infections

CAUTI: Catheter-associated urinary tract infections

*Variance is target to recent full quarter



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
November 10, 2015

ATTACHMENT #3

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle

President

Cook County Board of Commissioners

John Jay Shannon, MD

Chief Executive Officer

Cook County Health & Hospitals System



COOK COUNTY HEALTH
& HOSPITALS SYSTEM

CCHHS

**Cook County Health & Hospitals System
Board Members**

M. Hill Hammock • Chairman

Commissioner Jerry Butler • Vice Chairman

Lewis Collens

Ric Estrada

Ada Mary Gugenheim

Emilie N. Junge

Wayne M. Lemer, DPH, FACHE

Erica E. Marsh, MD, MSCI

Mary B. Richardson-Lowry

Carmen Velasquez

Dorene P. Wiese, EdD

Ozuru O. Ukoha, MD

President,

Executive Medical Staff

John H. Stroger, Jr.

Hospital of Cook County

Date: November 4, 2015

Dear members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr. Hospital of Cook County, via electronic polling, approved the attached list of medical staff action items for your consideration. This action was necessary because our meeting is scheduled after yours.

Respectfully,

Ozuru O. Ukoha, MD

President, EMS

John H. Stroger, Jr. Hospital of Cook County

Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Alyousef, Tareq, MD Appointment Effective:	Medicine/Cardiology November 10, 2015 thru November 9, 2017	Active
Bhandari, Neha Jain, MD Appointment Effective:	Medicine/Pulmonary Critical Care November 10, 2015 thru November 9, 2017	Active
Shapiro, Michael J., MD Appointment Effective:	Surgery/Ophthalmology November 10, 2015 thru November 9, 2017	Voluntary

INITIAL NON-PHYSICIAN APPOINTMENT APPLICATIONS

Duarte, Ren, PsyD Effective:	Medicine/Infectious Disease November 10, 2015 thru November 9, 2017	Clinical Psychologist
Miranda-Ocasio, Harry, PsyD Effective:	Medicine/Pulmonary Critical Care November 10, 2015 thru November 9, 2017	Clinical Psychologist

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology:

Nasr, Ned, MD Reappointment Effective:	Anesthesiology December 21, 2015 thru December 20, 2017	Active
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Department of Correctional Health Services:

Ezike, Ngozi, MD Reappointment Effective:	Psychiatry/JDC December 21, 2015 thru December 20, 2017	Active
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Department of Emergency Medicine:

Ross, Christopher, MD Reappointment Effective:	Emergency Medicine December 16, 2015 thru December 15, 2016	Active
Straus, Helen, MD Reappointment Effective:	Emergency Medicine December 16, 2015 thru December 15, 2017	Active

Department of Medicine:

Bodnar, Ulana, MD Reappointment Effective:	Infectious Disease December 21, 2015 thru December 20, 2017	Voluntary
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**CCHHS
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 10, 2015**

John H. Stroger, Jr. Hospital of Cook County

Reappointment Applications

Department of Medicine (continued):

Chataut, Chandra P., MD Reappointment Effective:	General Medicine December 21, 2015 thru December 20, 2017	Active
Go, Benjamin, MD Reappointment Effective:	Gastroenterology December 30, 2015 thru December 29, 2017	Active
Mullane, Michael, MD Reappointment Effective:	Hematology/Oncology December 30, 2015 thru December 29, 2017	Active
Rosen, Fred, MD Reappointment Effective:	Hematology/Oncology December 30, 2015 thru December 29, 2017	Active
Singh, Anshu., MD Reappointment Effective:	Hospital Medicine December 11, 2015 thru December 10, 2017	Active
Zimnowodzki, Simon MD Reappointment Effective:	Neurology December 21, 2015 thru December 20, 2017	Consulting

Department of Obstetrics & Gynecology:

Yordan, Edgardo, MD Reappointment Effective:	Ob/Gyne December 21, 2015 thru December 20, 2017	Active
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Department of Pediatrics:

Awad, Sawsan, MD Reappointment Effective:	Pediatric Cardiology November 11, 2015 thru November 10, 2017	Voluntary
Bhobe, Swati, MD Reappointment Effective:	Pediatrics December 30, 2015 thru December 29, 2017	Active
Enger, Minyuen Chang, MD Reappointment Effective:	Neonatology November 15, 2015 thru November 14, 2017	Active
Kagan, Tatyana, MD Reappointment Effective:	Pediatric Emergency Medicine December 21, 2015 thru December 20, 2017	Active

Department of Surgery:

Gandhi, Yogesh, MD Reappointment Effective:	Neurosurgery December 21, 2015 thru December 20, 2017	Active
Patel, Urjeet, MD Reappointment Effective:	Otolaryngology December 16, 2015 thru December 15, 2017	Active

Department of Trauma:

Clar, Steven MD Reappointment Effective:	Physical Medicine December 11, 2015 thru December 10, 2017	Active
Roach, Paul MD Reappointment Effective:	Trauma December 11, 2015 thru December 10, 2017	Voluntary

APPROVED

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 10, 2015**

John H. Stroger, Jr. Hospital of Cook County (continued)

Renewal of Privileges for Non-Medical Staff:

Barchfeld, Rebecca L., CRNA Effective:	Anesthesiology November 20, 2015 thru November 19, 2017	Nurse Anesthetist
Fowler, Nancy C., CNP With Thomas, Lynelle E., MD Effective:	Psychiatry/Juvenile Center November 20, 2015 thru November 19, 2017	Nurse Practitioner
Holden, M.C., PA-C With Ganschow, Pamela S., MD Alternate Aluen-Metzner, Irene S.A., MD With Marcus, Elizabeth A., MD Alternate Monahan, Denise A., MD Effective:	Medicine/General Medicine Surgery/Breast Oncology November 20, 2015 thru November 19, 2017	Physician Assistant
Schowalter, Karlene R., CNP With Krantz, Anne J., MD Effective:	Medicine/General Medicine November 20, 2015 thru November 19, 2017	Nurse Practitioner
Simmons, Zina M., CNP With Kelleher, Patricia, MD Effective:	Medicine/General Medicine November 24, 2015 thru November 23, 2017	Nurse Practitioner
Voll, Sarah T., CNP With Kelly, Russell F., MD Effective:	Medicine/Adult Cardiology November 20, 2015 thru November 19, 2017	Nurse Practitioner
Weiland, Sandra J., MD Effective:	Anesthesiology November 24, 2015 thru November 23, 2017	Nurse Anesthetist

Prescriptive Authority Only:

Chollampel, Elamma D., CNP With Rajeev Garapati, MD Effective:	Surgery/Orthopaedic November 10, 2015 thru July 22, 2016	Nurse Practitioner
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Request For Additional Clinical Privileges:

Woods, Daryl, MD	Medicine/General additional privileges in Pediatrics
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**CCHHS
APPROVED**
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 10, 2015

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle
President
Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer
Cook County Health & Hospitals System



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

Cook County Health & Hospitals System Board Members

M. Hill Hammock • Chairman
Commissioner Jerry Butler • Vice Chairman
Lewis Collens
Ric Estrada
Ada Mary Gugenheim
Emilie N. Junge
Wayne M. Lerner, DPH, FACHE
Erica E. Marsh, MD MSCI
Carmen Velasquez
Dorene P. Wiese, EdD

Anwer Hussain, DO, FAAEM
President,
Medical Executive Committee
Provident Hospital
Of Cook County

November 4, 2015

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Credentials Meeting held on November 3, 2015 the Medical Executive Committee of Provident Hospital of Cook County recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Anwer Hussain, DO
President, MEC



Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Abcarian, Ariane M., MD Appointment Effective:	Surgery / Colon/Rectal November 10, 2015 thru November 9, 2017	Affiliate
Bhandari, Neha Jain, MD Appointment Effective:	Internal Medicine November 10, 2015 thru November 9, 2017	Affiliate
Blair, Michael P., MD Appointment Effective:	Surgery / Ophthalmology November 10, 2015 thru November 9, 2017	Affiliate
Garcia-Gonzalez, Jose M., MD Appointment Effective:	Surgery / Ophthalmology November 10, 2015 thru November 9, 2017	Voluntary
Shapiro, Michael J., MD Appointment Effective:	Surgery / Ophthalmology November 10, 2015 thru November 9, 2017	Affiliate

REAPPOINTMENT APPLICATIONS

Department of Emergency Medicine

Tai, Jahinger, DO Reappointment Effective:	Emergency Medicine December 11, 2015 thru December 10, 2017	Active
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Department of Surgery

Napoles, Phyllis E., MD Reappointment Effective:	General Surgery December 11, 2015 thru October 27, 2016	Affiliate
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CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 10, 2015

